

To:
Ophthalmologists
Opticians
Optometrists
HMOs and Other
Managed Care
Programs

Prior authorization examples for vision providers

This *Wisconsin Medicaid and BadgerCare Update* gives a brief overview of prior authorization (PA) and provides examples of some of the most common vision procedures requiring PA, including symptoms indicating medical necessity and codes to be submitted on the PA request.

Prior authorization

Certain Medicaid-covered vision services require prior authorization (PA) before the services are provided to a recipient. When granted, PA is approved for a specific period of time. The PA also specifies the type or quantity of service allowed. For PA information specific to vision providers, refer to the Wisconsin Medicaid Vision Handbook and the February 2001 *Wisconsin Medicaid and BadgerCare Update* (2001-03), titled "Addition of six vision procedure codes." For general PA information, refer to the All-Provider Handbook.

Documentation

When submitting a PA request to Wisconsin Medicaid for a non-contracted vision service or materials, providers are required to include the following:

- A price list or lab invoice as documentation of the cost of the services or materials.

- A description of the material, including manufacturer and model numbers, as appropriate.

Examples of common vision services requiring prior authorization

The following are examples of common vision services requiring PA, including symptoms that may indicate medical necessity and procedure codes to be used on the PA request. For general information on how medical necessity is applied when evaluating PA requests, refer to the November 2001 *Update*.

Note: The symptoms described below are intended to illustrate the specific examples given; other symptoms may indicate medical necessity as well.

1. *Prior authorization request for contracted photochromic tint lenses*

Example: A recipient may need contracted photochromic tint (usually transition) lenses if the recipient has problems with headaches and glare due to developing cataracts and has a high lens prescription (-6.00 diopters in each eye).

Procedure codes to be submitted on the prior authorization request

When requesting PA for contracted photochromic tint lenses, providers should submit the following codes to Wisconsin Medicaid:

- ✓ Lens code W8110.
- ✓ The appropriate dispensing fee code below:
 - Fitting of spectacles, except for aphakia; monofocal — 92340.
 - Fitting of spectacles, except for aphakia; bifocal — 92341.
 - Single vision lenses only — W8525.
 - Bifocal lenses only — W8524.

2. *Prior authorization request for a non-contracted frame and contracted polycarbonate lenses*

Example: A recipient may need a non-contracted frame and contracted polycarbonate lenses if the recipient frequently breaks his or her glasses due to a behavioral or physical disability, or if the contracted frames are not adequate for safety reasons and/or are broken frequently. Providers are required to submit a statement of the recipient's need to Wisconsin Medicaid for documentation.

Procedure codes to be submitted on the prior authorization request

When requesting PA for a non-contracted frame and contracted polycarbonate lenses, providers should submit the following to Wisconsin Medicaid:

- ✓ Lens code W8110.
- ✓ Non-contracted frame procedure code V2799 with modifier 11.

3. *Prior authorization request for non-contracted, replacement contact lenses*

Example: A recipient may need non-contracted, replacement contact lenses if the recipient has an inability to wear glasses because of anisometropia (e.g., a prescription of OD -6.00 diopters, and/or OS -1.00 diopters) and the original lenses were lost or damaged, or the prescription needed to be changed.

Procedure codes to be submitted on the prior authorization request

When requesting PA for non-contracted, replacement contact lenses, providers should submit the following to Wisconsin Medicaid:

- ✓ Contact lens material code 92391.
- ✓ Contact lens dispensing code 92326.

4. *Prior authorization request for non-contracted low-vision aids*

Example: A recipient may need non-contracted low-vision aids, such as hand-held magnifiers, if the recipient has macular degeneration and the best corrected acuity is 20/100 or poorer in each eye.

Procedure codes to be submitted on the prior authorization request

When requesting PA for non-contracted low-vision aids, providers should submit the following to Wisconsin Medicaid:

- ✓ Low-vision aids material fee code V2600 with modifier 11.
- ✓ Low-vision aids code for the dispensing fee — 92354.

Claims submission

Claims submitted by vision providers should include procedure codes for non-contracted services only. The State Purchase Eyeglass Contract contractor will submit claims for contracted services. Refer to the Vision Handbook and the June 2001 *Update* (2001-18), titled “Frames available through State Purchase Eyeglass Contract,” for more information on procedure codes and billing.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.